

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement for dates of service (DOS) 04/24/01 through 12/06/01?
b. The request was received on 03/18/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC-60 and Letter Requesting Dispute Resolution
 - b. Updated TWCC-60b
 - c. HCFAs
 - d. EOBs
 - e. Medical Records
 - f. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Based on Commission Rule 133.307 (g)(4), the Division notified the insurance carrier Austin Representative of their copy of the Requestor's additional documentation on 06/28/02. The Respondent did not submit a response to the request. The "No Response Submitted" sheet is reflected in Exhibit II of the Commission's case file.
3. Notice of Additional Information submitted by Requestor is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: no position statement submitted
2. Respondent: no response submitted

IV. FINDINGS

1. Based on Commission Rule 133.307(d)(1&2), the only dates of service eligible for review are those commencing on 04/24/01 and extending through 12/06/01.
2. The Requestor's updated TWCC-60b removes from the dispute CPT codes 99090 and 99082.
3. The Carrier's EOBs use the denials:

R – THE CHARGE IS UNRELATED TO THE COMPENSABLE INJURY

G – THE PROCEDURE CODE HAS BEEN REBUNDLED TO A MORE COMPREHENSIVE CODE THAT MORE ACCURATELY DESCRIBES THE ENTIRE PROCEDURE PERFORMED

T – PER THE TEXAS FEE GUIDELINE 4 MODALITIES/PROCEDURES/ACTIVITIES/TRAINING ARE ALLOWED PER SESSION, NOT TO EXCEED 2 HOURS

DUP - REIMBURSEMENT WAS PREVIOUSLY MADE FOR SERVICES RENDERED TO THIS INJURED WORKER ON THIS DATE OF SERVICE

3. The following table identifies the disputed services and Medical Review Division's rationale:

[illegible]

MDR: M4-02-3621-01

04/25/01	97250-59	\$43.00	\$0.00	R	\$43.00	Texas Workers' Compensation Act & Rules, Sec. 409.021, Rules 124.3 (c), 133.304 (c) & (j), 133.307 (e)(1)(A); MFG, MGR (I)(A)(10)(a) & CPT descriptor	Per Commission Rule 133.307 (e)(1)(A), the Requestor has not submitted in their request for dispute resolution the reconsideration EOBs for the DOS 06/06/01 through 07/16/01. Therefore, no reimbursement is recommended for these 11 DOS. Commission Rule 133.304 (c) requires the carrier's EOBs to "provide sufficient explanation to allow the sender to understand the reason(s) for the insurance carrier's action(s)." Based on the documentation in the Commission's case file and the CPT descriptor, the Carrier's denials "DUP" and "G" is insufficient, has not afforded the provider an opportunity to respond and would not comply with Rule 133.304 (c). The use of the denial "R" would require the carrier to file a TWCC-21, per Sec. 409.021 of the Texas Labor Code. A review of the Commission's case file and records finds no such filing by the Carrier. Therefore, the provider is entitled to reimbursement of \$860.00 (\$43.00 MAR x 20 remaining DOS).
04/26/01		\$43.00	\$0.00	R	\$43.00		
04/27/01		\$43.00	\$0.00	R	\$43.00		
05/01/01		\$43.00	\$0.00	R	\$43.00		
05/02/01		\$43.00	\$0.00	R	\$43.00		
05/03/01		\$43.00	\$0.00	R	\$43.00		
05/04/01		\$43.00	\$0.00	R	\$43.00		
05/08/01		\$43.00	\$0.00	R	\$43.00		
05/10/01		\$43.00	\$0.00	R	\$43.00		
05/11/01		\$43.00	\$0.00	R	\$43.00		
05/14/01		\$43.00	\$0.00	R	\$43.00		
05/16/01		\$43.00	\$0.00	R	\$43.00		
05/18/01		\$43.00	\$0.00	R	\$43.00		
05/21/01		\$43.00	\$0.00	R	\$43.00		
05/23/01		\$43.00	\$0.00	DUP	\$43.00		
05/24/01		\$43.00	\$0.00	R	\$43.00		
05/29/01		\$43.00	\$0.00	R	\$43.00		
05/30/01		\$43.00	\$0.00	DUP	\$43.00		
05/31/01		\$43.00	\$0.00	DUP	\$43.00		
06/01/01		\$43.00	\$0.00	G	\$43.00		
06/06/01		\$43.00	\$0.00	R	\$43.00		
06/07/01		\$43.00	\$0.00	R	\$43.00		
06/11/01		\$43.00	\$0.00	R	\$43.00		
06/12/01		\$43.00	\$0.00	DUP	\$43.00		
06/27/01		\$43.00	\$0.00	R	\$43.00		
06/28/01		\$43.00	\$0.00	No eob	\$43.00		
07/05/01		\$43.00	\$0.00	No eob	\$43.00		
07/09/01		\$43.00	\$0.00	DUP	\$43.00		
07/10/01		\$43.00	\$0.00	R	\$43.00		
07/11/01		\$43.00	\$0.00	DUP	\$43.00		
07/16/01		\$43.00	\$0.00	DUP	\$43.00		
04/25/01	97122	\$35.00	\$0.00	T	\$35.00	Texas Workers' Compensation Act & Rules, Sec. 409.021, Rules 124.3 (c), 133.304 (c) & (j), 133.307 (e)(1)(A); MFG, MGR (I)(A)(10)(a) & CPT descriptor	Per Commission Rule 133.307 (e)(1)(A), the Requestor has not submitted in their request for dispute resolution the reconsideration EOBs for the DOS 06/06/01 through 07/16/01. Therefore, no reimbursement is recommended for these 6 DOS. The Carrier has denied 3 of the remaining dates of service with the denial code "T", referencing the MGR (I)(A)(10)(a). A review of HCFA-1500s for these 3 DOS indicate only on the 05/03/01 DOS did the provider exceed a threshold set by the referenced MGR. Commission Rule 133.304 (c) requires the carrier's EOBs to "provide sufficient explanation to allow the sender to understand the reason(s) for the insurance carrier's action(s)." Based on the documentation in the Commission's case file and the CPT descriptor, the Carrier's denial "G" used on the 06/01/01 DOS is insufficient, has not afforded the provider an opportunity to respond and would not comply with Rule 133.304 (c). The use of the denial "R" would require the carrier to file a TWCC-21, per Sec. 409.021 of the Texas Labor Code. A review of the Commission's case file and records finds no such filing by the Carrier. Therefore, the provider is entitled to reimbursement of \$665.00 (\$35.00 MAR x 19 remaining DOS).
04/27/01		\$35.00	\$0.00	R	\$35.00		
05/01/01		\$35.00	\$0.00	R	\$35.00		
05/02/01		\$35.00	\$0.00	R	\$35.00		
05/03/01		\$35.00	\$0.00	T	\$35.00		
05/04/01		\$35.00	\$0.00	R	\$35.00		
05/08/01		\$35.00	\$0.00	R	\$35.00		
05/09/01		\$35.00	\$0.00	R	\$35.00		
05/10/01		\$35.00	\$0.00	R	\$35.00		
05/11/01		\$35.00	\$0.00	R	\$35.00		
05/14/01		\$35.00	\$0.00	R	\$35.00		
05/16/01		\$35.00	\$0.00	R	\$35.00		
05/17/01		\$35.00	\$0.00	R	\$35.00		
05/18/01		\$35.00	\$0.00	R	\$35.00		
05/23/01		\$35.00	\$0.00	R	\$35.00		
05/24/01		\$35.00	\$0.00	R	\$35.00		
05/29/01		\$35.00	\$0.00	T	\$35.00		
05/30/01		\$35.00	\$0.00	R	\$35.00		
05/31/01		\$35.00	\$0.00	R	\$35.00		
06/01/01		\$35.00	\$0.00	G	\$35.00		
06/06/01		\$35.00	\$0.00	T	\$35.00		
06/07/01		\$35.00	\$0.00	T	\$35.00		
06/11/01		\$35.00	\$0.00	R	\$35.00		
06/12/01		\$35.00	\$0.00	DUP	\$35.00		
06/27/01		\$35.00	\$0.00	R	\$35.00		
07/16/01		\$35.00	\$0.00	R	\$35.00		

04/25/01	97110	\$105.00	\$0.00	R	\$35.00 per 15 minute unit	Texas Workers' Compensation Act & Rules, Sec. 409.021, Rules 124.3 (c), 133.304 (c) & (j), 133.307 (e)(1)(A); MFG, MGR (I)(A)(10)(a) & CPT descriptor	<p>Per Commission Rule 133.307 (e)(1)(A), the Requestor has not submitted in their request for dispute resolution the reconsideration EOBs for the DOS 06/27/01 through 08/06/01. Therefore, no reimbursement is recommended for these 5 DOS.</p> <p>The use of the denial "R" would require the carrier to file a TWCC-21, per Sec. 409.021 of the Texas Labor Code. A review of the Commission's case file and records finds no such filing by the Carrier.</p> <p>A recent review of disputes involving CPT code 97110 by the Medical Dispute Resolution division indicate overall deficiencies in the adequacy of the documentation of this Code both with respect to the medical necessity of one-on-one therapy and documentation reflecting that these individual services were provided as billed. Moreover, the disputes indicate confusion regarding what constitutes "one-on-one." The Medical Review Division has reviewed the matters in light all of the Commission requirements for proper documentation and concludes, there is insufficient documentation to allow reimbursement beyond one unit on each date of service (DOS). Therefore, the provider is entitled to reimbursement of \$630.00 (\$35.00 MAR x 18 remaining DOS).</p> <p>The documentation contains no direct statement indicating who is conducting the one-to-one session with the claimant. There is no documentation that mandates that the medical conditions or symptoms that the claimant presented required one-on-one supervision and documentation does not reflect the need for one-on-one supervision to taper off over time as the claimant becomes more familiar with the exercises.</p>
04/26/01		\$105.00	\$0.00	R			
04/27/01		\$105.00	\$0.00	R			
05/01/01		\$105.00	\$0.00	R			
05/02/01		\$105.00	\$0.00	R			
05/03/01		\$105.00	\$0.00	R			
05/04/01		\$105.00	\$0.00	R			
05/08/01		\$105.00	\$0.00	R			
05/09/01		\$105.00	\$0.00	R			
05/10/01		\$105.00	\$0.00	R			
05/11/01		\$105.00	\$0.00	R			
05/14/01		\$105.00	\$0.00	R			
05/16/01		\$105.00	\$0.00	R			
05/17/01		\$105.00	\$0.00	R			
05/18/01		\$105.00	\$0.00	R			
05/21/01		\$105.00	\$0.00	R			
05/22/01		\$105.00	\$0.00	R			
05/24/01		\$105.00	\$0.00	R			
06/27/01		\$105.00	\$0.00	DUP			
06/28/01		\$105.00	\$0.00	No eob			
07/10/01		\$105.00	\$0.00	R			
07/16/01		\$105.00	\$0.00	DUP			
08/06/01		\$105.00 (\$35.00 per 15 minute unit)	\$0.00	R			
04/28/01	99213-MP	\$48.00	\$0.00	R	\$48.00	Texas Workers' Compensation Act & Rules, Sec. 409.021, Rules 124.3 (c), 133.304 (c) & (j), 133.307 (e)(1)(A); MFG, MGR (I)(B)(1)(b) & CPT descriptor	<p>Per Commission Rule 133.307 (e)(1)(A), the Requestor has not submitted in their request for dispute resolution the reconsideration EOBs for the DOS 06/27/01 through 07/16/01. Therefore, no reimbursement is recommended for these 4 DOS.</p> <p>On the remaining DOS, the use of the denial "R" would require the carrier to file a TWCC-21, per Sec. 409.021 of the Texas Labor Code. A review of the Commission's case file and records finds no such filing by the Carrier. Therefore, the provider is entitled to reimbursement of \$720.00 (\$48.00 MAR x 15 remaining DOS).</p>
05/01/01		\$48.00	\$0.00	R			
05/02/01		\$48.00	\$0.00	R			
05/03/01		\$48.00	\$0.00	R			
05/04/01		\$48.00	\$0.00	R			
05/08/01		\$48.00	\$0.00	R			
05/09/01		\$48.00	\$0.00	R			
05/10/01		\$48.00	\$0.00	R			
05/11/01		\$48.00	\$0.00	R			
05/14/01		\$48.00	\$0.00	R			
05/16/01		\$48.00	\$0.00	R			
05/17/01		\$48.00	\$0.00	R			
05/18/01		\$48.00	\$0.00	R			
05/21/01		\$48.00	\$0.00	R			
05/31/01		\$48.00	\$0.00	R			
06/27/01		\$48.00	\$0.00	R			
06/28/01		\$48.00	\$0.00	No eob			
07/10/01		\$48.00	\$0.00	R			
07/16/01		\$48.00	\$0.00	R			
04/26/01	97750-MT	\$129.00	\$0.00	R	\$43.00 per body area	Texas Workers' Compensation Act & Rules, Sec. 409.021, Rules 124.3 (c), 133.304 (c) & (j), 133.307 (e)(1)(A);	<p>Per Commission Rule 133.307 (e)(1)(A), the Requestor has not submitted in their request for dispute resolution the reconsideration an EOB for the DOS 07/11/01. Therefore, no reimbursement is recommended for this DOS.</p> <p>On the remaining DOS, the use of the denial "R" would require the carrier to file a TWCC-21, per Sec. 409.021 of the Texas Labor Code. A review of the Commission's case file and records finds no such filing by the Carrier. Therefore, the provider is entitled to reimbursement of \$387.00 (\$129.00 x 3 remaining DOS).</p>
05/08/01		\$129.00	\$0.00	R			
05/29/01		\$129.00	\$0.00	R			
07/11/01		\$43.00	\$0.00	DUP			

04/27/01 05/03/01 05/18/01 05/21/01 05/23/01 06/28/01 07/10/01	97032	\$22.00 \$22.00 \$22.00 \$22.00 \$44.00 \$44.00 ($\$22.00$ per 15 minute unit)	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	R R R R No eob R	\$22.00 per 15 minute unit	Texas Workers' Compensation Act & Rules, Sec. 409.021, Rules 124.3 (c), 133.304 (c) & (j), 133.307 (e)(1)(A); MFG, MGR (I)(A)(10)(a) & CPT descriptor	Per Commission Rule 133.307 (e)(1)(A), the Requestor has not submitted in their request for dispute resolution the reconsideration EOBs for the DOS 06/28/01 through 07/10/01. Therefore, no reimbursement is recommended for these 2 DOS. On the remaining DOS, the use of the denial "R" would require the carrier to file a TWCC-21, per Sec. 409.021 of the Texas Labor Code. A review of the Commission's case file and records finds no such filing by the Carrier. Therefore, the provider is entitled to reimbursement of \$110.00 ($\22.00 MAR x 5 remaining DOS).
04/27/01 05/17/01 05/30/01 06/12/01 07/11/01 07/24/01 08/06/01 08/20/01	95851	\$108.00 \$108.00 \$108.00 \$72.00 \$72.00 \$72.00 \$72.00 \$36.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	G G T DUP DUP DUP G R	\$36.00 each extremity or trunk section	Texas Workers' Compensation Act & Rules, Rules 124.3 (c), 133.304 (c) & (j), 133.307 (e)(1)(A); MFG, E/MGR (IV)(A)(1), CPT descriptor	Per Commission Rule 133.307 (e)(1)(A), the Requestor has not submitted in their request for dispute resolution the reconsideration EOBs for the DOS 06/12/01 through 08/20/01. Therefore, no reimbursement is recommended for these 5 DOS. The Carrier has denied the remaining dates of service with either the denial code "T" or "G". Commission Rule 133.304 (c) requires the carrier's EOBs to "provide sufficient explanation to allow the sender to understand the reason(s) for the insurance carrier's action(s)." The carrier has not noted which other billed CPT code the disputed ROM is global too and has referenced nothing that would indicate that the ROM is contrary to the Treatment Guideline. Based on the documentation in the Commission's case file and the CPT descriptor, the Carrier's denials of "T" & "G" is insufficient, has not afforded the provider an opportunity to respond and would not comply with Rule 133.304 (c). Therefore, reimbursement of \$324.00 recommended for the remaining 3 DOS.
05/09/01 05/21/01 05/23/01 06/07/01 06/11/01 07/09/01	97035	\$22.00 \$22.00 \$22.00 \$22.00 \$22.00 \$22.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	R R R R T R	\$22.00 \$22.00 \$22.00 \$22.00 \$22.00 \$22.00	Texas Workers' Compensation Act & Rules, Sec. 409.021, Rules 124.3 (c), 133.304 (c) & (j), 133.307 (e)(1)(A); MFG, MGR (I)(A)(10)(a) & CPT descriptor	Per Commission Rule 133.307 (e)(1)(A), the Requestor has not submitted in their request for dispute resolution the reconsideration EOBs for the DOS 06/07/01 through 07/09/01. Therefore, no reimbursement is recommended for these 3 DOS. On the remaining DOS, the use of the denial "R" would require the carrier to file a TWCC-21, per Sec. 409.021 of the Texas Labor Code. A review of the Commission's case file and records finds no such filing by the Carrier. Therefore, the provider is entitled to reimbursement of \$66.00 ($\22.00 MAR x 3 DOS) for the remaining DOS.
05/16/01 05/22/01 06/06/01	97124	\$28.00 \$28.00 \$28.00	\$0.00 \$0.00 \$0.00	T R T	\$28.00 \$28.00 \$28.00	Texas Workers' Compensation Act & Rules, Sec. 409.021, Rules 124.3 (c), 133.304 (c) & (j), 133.307 (e)(1)(A); MFG, MGR (I)(A)(10)(a) & CPT descriptor	Per Commission Rule 133.307 (e)(1)(A), the Requestor has not submitted in their request for dispute resolution the reconsideration EOB for the DOS 06/06/01. Therefore, no reimbursement is recommended for this DOS. The Carrier has denied 1 of the remaining DOS with the denial code "T", referencing the MGR (I)(A)(10)(a). A review of HCFA-1500 for this DOS indicates the provider did not exceed a threshold set by the referenced MGR. On the other remaining DOS, the use of the denial "R" would require the carrier to file a TWCC-21, per Sec. 409.021 of the Texas Labor Code. A review of the Commission's case file and records finds no such filing by the Carrier. Therefore, the provider is entitled to reimbursement of \$56.00 ($\28.00 MAR x 2 remaining DOS).

05/18/01 05/21/01 07/05/01 07/09/01	97010	\$11.00 \$11.00 \$11.00 \$11.00	\$0.00 \$0.00 \$0.00 \$0.00	T T no eob DUP	\$11.00 \$11.00 \$11.00 \$11.00	Texas Workers' Compensation Act & Rules, Rule 133.307 (e)(1)(A); MFG, MGR (I)(A)(10)(a) & CPT descriptor	Per Commission Rule 133.307 (e)(1)(A), the Requestor has not submitted in their request for dispute resolution the reconsideration EOBs for DOS 07/05/01 & 07/09/01. Therefore, no reimbursement is recommended for these 2 DOS. The Carrier has denied the remaining 2 DOS with the denial code "T", referencing the MGR (I)(A)(10)(a). A review of HCFA-1500 for these 2 DOS indicates the provider has exceeded the modality threshold set by the referenced MGR. Therefore, no reimbursement is recommended.
05/31/01	E0730-RR	\$85.00	\$0.00	R	DOP	Texas Workers' Compensation Act & Rules, Sec. 409.021	The use of the denial "R" would require the carrier to file a TWCC-21, per Sec. 409.021 of the Texas Labor Code. A review of the Commission's case file and records finds no such filing by the Carrier. Therefore, the provider is entitled to reimbursement of \$85.00 .
06/01/01	97750-FC	\$500.00	\$0.00	R	\$500.00	Texas Workers' Compensation Act & Rules, Sec. 409.021, Rules 124.3 (c), 133.304 (c) & (j), 133.307 (e)(1)(A);	The use of the denial "R" would require the carrier to file a TWCC-21, per Sec. 409.021 of the Texas Labor Code. A review of the Commission's case file and records finds no such filing by the Carrier. Therefore, the provider is entitled to reimbursement of \$500.00 .
Totals		\$9263.00	\$0.00				The Requestor is entitled to reimbursement in the amount of \$5,240.00

The above Findings and Decision are hereby issued this 11th day of October 2002.

Larry Beckham
Medical Dispute Resolution Officer
Medical Review Division

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$5,240.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 11th day of October 2002.

Carolyn Ollar
Medical Dispute Resolution Supervisor
Medical Review Division

CO/lb